

Survey, Certification and Credentialing  
Commission  
612 South Kansas Avenue  
Topeka, KS 66603



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Timothy Keck, Interim Secretary  
Codi Thurness, Commissioner

Sam Brownback, Governor

03/14/2016

Provider Number: 175448

John Allin, Administrator  
Aberdeen Village  
17500 W 119th Street  
Olathe, KS 66061

### **LICENSURE AND CERTIFICATION SURVEY**

On March 3, 2016, an abbreviated survey was concluded at your facility by the Kansas Department for Aging and Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be G level. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

### **Enforcement Remedies**

Required remedies will be recommended for imposition by the Center for Medicare and Medicaid Services (CMS) Regional Office if your facility has failed to achieve substantial compliance. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. The outcome of a revisit may result in a change in the remedy selected.

As a result of the survey findings and in accordance with 42 CFR 488.417(b), a denial of payment for new Medicare and Medicaid admissions (DPNA) will be imposed effective June 3, 2016. We are advising the State Medicaid Agency to deny payment for new admissions effective June 3, 2016. This DPNA will remain in effect until your facility has achieved compliance or your provider agreement is terminated. Please note that the denial of payment for new Medicare admissions includes Medicare beneficiaries enrolled in managed care plans. It is your obligation to inform Medicare managed care plans contracting with your facility of this denial of payment for new admissions.

The denial of payment for all new Medicare admissions will remain in effect until your facility has achieved substantial compliance or your provider agreement is terminated. Informal dispute resolution for the cited deficiencies will not delay the imposition of enforcement remedies.

If substantial compliance is not achieved within six (6) months of the health survey identifying noncompliance, September 3, 2016 we are recommending to CMS that your facility be terminated from Medicare program.

**F314**

Due to your facility's current noncompliance with F314, Pressure Ulcers, we would like to emphasize the importance of the implementation of corrective actions that ensure that avoidable pressure ulcers will not occur at your facility and that residents will receive appropriate care and services to prevent the increase in complexity of existing pressure ulcers. The pain, infection rates, and increased morbidity and mortality associated with pressure ulcers underscore the need for your facility to improve its systems for identifying residents at risk and for implementing preventive services. We ask that you carefully monitor your facility's compliance with Federal requirements related to the prevention of pressure ulcer development. We suggest that you consider contacting the Quality Improvement Organization (QIO) in your state for information and training opportunities on pressure ulcer care and prevention. If noncompliance continues in this area, additional remedies will be considered.

**NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits.**

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, you will be provided with a separate formal notification of that determination.**

**Plan of Correction (POC)**

**At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this survey. You should submit your Plan of Correction online at [www.kdads.ks.gov](http://www.kdads.ks.gov). An acceptable Plan of Correction will constitute a credible allegation of compliance. The Plan of Correction must contain the following in order to be acceptable:**

Your plan of correction must be documented on the CMS 2567L forms provided to you at the exit conference, and contain the following:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur;
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained); and,
5. Include the dates corrective action was completed.

Please note that Federal law, as specified in the Social Security Act 1819(F)(2)(B) and 1919(f)(2)(B) prohibits approval of nurse aide training and competency evaluation programs (**NATCEP**) and nurse aide competency evaluation programs (CEP) offered by or in a facility which has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5000.00; a Denial of Payment for new Medicare/Medicaid admissions; or termination. If any of these situations occur, **NATCEP** is to be denied and you will be so advised in a separate notification.

**Informal Dispute Resolution (IDR)**

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send five copies of your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy) to:

Codi Thurness, Commissioner  
Kansas Department for Aging and Disability Services  
Survey, Certification and Credentialing Commission  
612 South Kansas Avenue  
Topeka, KS 66603.

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 296-1265.



Mary Jane Kennedy  
Complaint Coordinator  
Survey, Certification and Credentialing Commission  
Kansas Department for Aging and Disability Services

mjk

c: Jeanne Urban-Wurtz, Regional Manager, KDADS  
Codi Thurness, Commissioner, KDADS  
Audrey Sunderraj, Director, KDADS